



Conflicts of interest and the DSM V

Lisa Cosgrove, PhD

University of Massachusetts, Boston


Edmond J. Safra Center for Ethics

Harvard University



Institutional corruption in psychiatry

What does “evidence-based medicine” mean in an industry dominated climate?



it is often through scientific narratives
that appear convincing—not
conspicuous marketing –that
BigPharma exerts its influence

Matheson 2008



Why psychiatry is different than other medical sub-specialties

- Lack of biological markers (i.e., there is no blood test for depression) renders psychiatry particularly vulnerable to undue industry influence



When diagnostic guidelines are unduly influenced by industry

Patients may be assigned diagnostic labels that are not valid


They may also be receiving imbalanced or even inaccurate information about their mental health treatment options




Diagnosis informs treatment

Individuals may be offered antidepressants or antipsychotics as front-line interventions


even though the iatrogenic harms of the drugs outweigh their benefits.



Has increased transparency
changed the composition of the
DSM V task force and work
groups?




Yet the APA leadership maintains that the DSM-5 Task Force and Work Group members don't have conflicts of interest that would influence the development of DSM-5



“The APA is strongly committed to a transparent process of development for DSM, and to **an unbiased, evidence-based DSM, free from any conflicts of interest.**”

To ensure an unbiased DSM-5, the APA’s Board of Trustees required that all task force and work group members abide by a set of guiding principles and disclosure policies”

(American Psychiatric Association, dsm5.org , emphasis added)





“Disclosure was required for the period of time three years prior to each person’s nomination to the task force or work group. . . . The APA is providing active oversight of these disclosure policies”

(American Psychiatric Association, dsm5.org , emphasis added)

A Shell Game?


Exclusions allowed by APA leave room for continued industry influence:
“Industry entities do not include clinical practices, hospitals, *nonprofit organizations*, managed care organizations, university-based lectures, and similar activities.” (DSM5.org, emphasis added).

- 
-
- Requiring a temporary hiatus on certain kinds of industry relationships during panel members' tenure on the *DSM* will not solve the problem of undue industry influence.
 - **Transparency alone cannot mitigate implicit or unconscious bias.**



DSM panel members with industry ties can unduly influence the inclusion of new disorders and the expansion of old ones

- PMDD
- “Pediatric” Bipolar (Bipolar NOS)
- Attenuated Psychotic Risk Syndrome



Rationale for inclusion of PMDD in DSM V: The “drug narrative”

... there is already some acceptance for PMDD as an independent category from Federal regulators in that several medications have received an indication for treatment of PMDD. (APA, DSM5.org)

Think it's PMS? Think again: It could be PMDD





It's not that everything is bad
it's that everything is dangerous

Foucault, 1983

Transparency may be
'dangerous' insofar as it
gives the appearance of
controlling for undue
industry influence



It is difficult to get a man to understand something when his salary depends upon his not understanding it

Sinclair Lewis